

INDIANA MOTORCYCLE OPERATOR SAFETY EDUCATION PROGRAM

RIDER COACH CANDIDATE APPLICATION

(Please print or type)

1. NAME: _____
(Last) (First) (M.I.)

2. MAILING ADDRESS: _____

3. CITY/STATE/ZIP: _____

4. PHONE: HOME() _____ WORK:() _____ CELL() _____

E-MAIL ADDRESS _____

5. DRIVER LICENSE NUMBER: _____ STATE _____ BIRTH
DATE: _____

6. OCCUPATION: _____

7. EDUCATION LEVEL: _____

8. DEGREES, FIELDS OF STUDY, SPECIALIZED TRAINING AND/OR CERTIFICATIONS: _____

9. AFFILIATION/MEMBERSHIP IN ANY MOTORCYCLE, SOCIAL, COMMUNITY, FRATERNAL,
OR OTHER

GROUPS, CLUBS, OR ORGANIZATIONS: _____

10. HOW MANY YEARS HAVE YOU HAD A MOTORCYCLE LICENSE ENDORSEMENT? _____

11. HOW MANY YEARS HAVE YOU OPERATED A MOTORCYCLE? _____

12. AVERAGE ANNUAL MILES RIDDEN: _____

13. DO YOU CURRENTLY OWN AND OPERATE A MOTORCYCLE?_____

14. HOW MANY MILES DID YOU RIDE IN THE LAST 12 MONTHS?

15. HAS YOUR LICENSE BEEN SUSPENDED OR REVOKED IN THE PAST 7 YEARS ?
IF YES, PLEASE GIVE REASON AND CURRENT LICENSE STATUS:

16. Have you ever been convicted of a felony? Yes___ No

17. HAVE YOU EVER TAKEN A RIDER EDUCATION COURSE?_____

IF YES, WHAT TYPE: (CIRCLE) BRC___ERC___MRC:RSS___OTHER___

WHERE?_____WHEN?_____INSTRUCTORS_____

18. WOULD YOU BE WILLING TO TAKE/RE-TAKE THE BRC PRIOR TO THE BEGINNING OF THE INSTRUCTOR PREPARATION COURSE?_____

19. WOULD YOU BE WILLING TO TEACH AT LEAST THREE CLASSES PER YEAR UPON SUCCESSFUL COMPLETION OF THE INSTRUCTOR PREPARATION COURSE?_____

20. PLEASE GIVE A DETAILED EXPLANATION OF WHY YOU WOULD LIKE TO BECOME A MOTORCYCLE RIDER EDUCATION INSTRUCTOR, AND WHY YOU THINK YOU HAVE THE "RIGHT STUFF" TO BE A SUCCESSFUL RIDER EDUCATION INSTRUCTOR. PLEASE FEEL FREE TO USE ADDITIONAL PAPER IF NECESSARY.

I UNDERSTAND THAT THIS APPLICATION DOES NOT GUARANTEE A POSITION IN THE INSTRUCTOR PREPARATION COURSE, AND CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUTHFUL AND ACCURATE TO THE BEST OF MY ABILITY. I FURTHER UNDERSTAND THAT WILLFULLY PROVIDING FALSE AND/OR INACCURATE INFORMATION MAY BE GROUNDS FOR MY BEING REJECTED AS AN INSTRUCTOR CANDIDATE.

SIGNATURE(REQUIRED): _____

DATE:(REQUIRED): _____

RETURN THIS APPLICATION TO, OR IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

**MIKE MOORE, STATE MOTORCYCLE TRAINING SPECIALIST
INDIANA DEPARTMENT OF EDUCATION
151 W. OHIO ST.
INDIANAPOLIS, IN 46204-2798
1-800-497-9979 OR (317) 232-0801
EMAIL mmoore@doe.state.in.us**